



Hingham Police Department

CLOSED HOUSE INFORMATION CASE# _____

DATE ENTERED: _____

First Name: _____ Last Name: _____

Address Line 1: _____

City: _____ State: _____

Postal Code: _____

Phone 1: _____ Phone2: _____

CLOSING DATE: _____ **REOPENING DATE:** _____

LOCAL CONTACTS: (Person(s) to notify or keyholder(s))

LAST NAME: _____ LAST NAME: _____

FIRST NAME: _____ FIRST NAME: _____

ADDRESS: _____ ADDRESS: _____

PHONE(S): _____ PHONE(S): _____

ALARMED YES ☐ NO ☐

IF YES, ALARM CO. _____ PHONE _____

LIGHTS: LEFT ON: YES ☐ NO ☐
ON TIMERS: YES ☐ NO ☐

MOTOR VEHICLE ON PROPERTY: YES ☐ NO ☐

	Make	Model	Color	Reg #
Vehicle 1	_____	_____	_____	_____
Vehicle 2	_____	_____	_____	_____
Vehicle 3	_____	_____	_____	_____

ADDITIONAL INFORMATION: _____

PLEASE CALL HINGHAM POLICE UPON RETURN (781)749-1212